

EXHIBIT A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cardinal Ally, Inc.
c/o Registered Agent
Richard Topping
4855 Milestone Ave.
Kannapolis, NC 28081



9590 9403 0373 5163 6280 30

2. Article Number (Transfer from service label)
7016 0340 0000 9958 8415**COMPLETE THIS SECTION ON DELIVERY****A. Signature** Agent
 Addressee**B. Received by (Printed Name)**CAROLYN 4/18/16 **C. Date of Delivery****D. Is delivery address different from item 1?** Yes
If YES, enter delivery address below: No**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, April 2015 PSN 7530-02-000-9053

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70160340000099588415

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[redacted]

Delivered:

KANNAPOLIS, NC 28081 on August 31, 2016 at 1:26 pm

Updated Delivery Day:

Wednesday, August 31, 2016